

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name WACKY NACHOS	Telephone Number Est Own	Date of Inspection 09/30/2022	ID#
Address 2602 CHARLESTOWN RD, NEW ALBANY IN 47150			
Owner CHARLES HURT	Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 09/30/2022
Owner's Address ,		Menu Type 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in Charge CHARLES HURT			
Responsible Person's Email			
Certified Food Handler			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
 VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
415	X			Observed dead mouse in water heater utility closet. Contact certified pest operator.	3 days
431		X		Observed the water heater utility closet to be in need of cleaning.	today
179		X		Observed no food guard on serving line.	before opening
304		X		Observed a drying rack not yet installed.	3 days
411		X		Observed no working light in walk-in cooler and fume hood.	1 week
430		X		Observed wall floor junction near floor drain in kitchen to have a gap and collection water. Fill gaps.	10 days
310		X		Observed air intake vent in lobby area to have a buildup of dust.	10 days
324		X		Observed the faucet on handsink to have a leak when turned on. Observed a floor drain without a cover near 3 comp sink.	2 weeks
355		X		Observed the mop sink to have a missing leg and no be slopping towards it's drain.	2 weeks
351		X		Observed the woman's and unisex restroom to not have covered trash cans.	1 day
352		X		Observed the door on the unisex restroom to not have a self-closer.	1 week

Summary of Violations C 1 NC 10 R 0

Received by (name and title printed):

Inspected by (name and title printed):

Thomas Snider CFS

Received by (signature):

Inspected by (signature):

Thomas Snider

cc:

cc:

cc: